Revision: HCFA-AT-85-3 FEBRUARY 1985 (BERC)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 1

	Dr 411	*****	m T m T D	T T T	AB	mirro	COCTAT	CECUDITY	A CT
STATE	PLAN	UNDER		$\mathbf{A} \perp \mathbf{A}$	Uľ	Inc	POCTUT	SECURITY	WOT

State:	WISCONSIN
--------	-----------

TRANSFER OF RESOURCES

1902(f) and 1917 of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

- A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1613(c) of the Social Security Act (Act).
 - 1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.
 - a. /y/ The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

The entire sum must be expended on the divesting person's maintenance needs and medical care

The amount expended is calculated by keeping a running account of the person's medical expenses and adding the medically needy monthly income limit to it.

TN No.		
Supersedes	Approval Date	Effective Date
ти чо	HCFA-179 # 85-6150 Date R	ec'd 3 8 HCFA ID: 4093E/0002P
	Supercedes Date A	ppr. b 25/85
	State Rep. In Date E	ff. 10/1/84

Revision: HCFA-AT-85-3 (BERC) FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	WISCONSIN
--------	-----------

b. /x/ The period of ineligibility is less than 24 months, as specified below:

If the amount to divested is \$12 000 or less when the entire sum of the divestment has been expended for maintenance needs and medical care, or two years have elapsed since the date of the divestment whichever occurs first.

c. /x/ The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

Revision: HCFA-AT-85-3

(BERC) FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 3

STATE	DI AM	HMDED	מויידיי	YTY	OF	TUE	COCTAL	SECURITY	ACT
DIMIE	PLAN	UNUER	4446	$A \perp A$	Ur	Int	SUCTAL	PECORIII	ALL

State:	WISCONSIN

- Transfer of the home of an individual who is an inpatient in a medical institution.
 - /v/ A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c)(2)(B)(i).
 - Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 24 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 24 months of care in an SNF, the period of ineligibility is a shorter time. bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

The agency keeps a running account of the total cost of the institutional care.

The amount expended is calculated by using the average monthly MA expenditure statewide for care provided by a SNF.

TW NoSupersedes	Approval Date		Effectiv	e Date	1-1-84
ТУ Но	HCFA-179 # <u>85-t</u>)150 Date Rec'd	5/3/85-		
	Supercedes		6/25/85 In 1/84		

Revision: HCFA-AT-85-3 (BERC)

FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	WISCONSIN
state.	

b. \sqrt{X} Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

> If the amount of divestment to be removed exceeds \$12,000 the entire sum must be expended on the divesting person's maintenance needs and medical care since the date of divestment.

The amount expended is calculated by using the average monthly MA expenditure statewid for care provided by a SNF

TN No.		
Supersedes	Approval Date	Effective Date1_1-34
TN No	HCFA-179 # 85-0150 Date F Supercedes Date F State Rep. In Date F	Rec'd 5/3/85 HCFA ID: 4093E/0002P Appr. 6/25/85 Eff. 10/1/84

Revision: HCFA-AT-85-3

(BERC)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 5

FEBRUARY 1985

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	WISCONSIN

No individual is ineligible by reason of item A.2 if—

- i. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home:
- ii. Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act;
- iii. A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration; or
 - iv. The agency determines that denial of eligibility would work an undue hardship.

TN No.					
Supersedes	Approval Date		_ Effecti	ve Date1	-1-34
TN No.	HCFA-179 # 85-015	Date Rec	d 5/3/25	HCFA ID:	4093E/0002P
	Supercedes		r. 6125/85		
	State Rep. In	Date Eff	10/1/84		

Revision: HCFA-AT-85-3 (BERC) FEBRUARY 1985

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 6

STATE	PLAN.	UNDER	ጥተጥ፣.ክ	XIX	OF	THE	SOCTAL	SECURITY	ACT
SIVIE	FLIMI	ONDER	ت الملك الملك	$\alpha + \alpha$	OF	7111	SOUTHE	SECOULTY	MO T

State:	WISCONSIN
	3. 1902(f) States

- 1902(f) States
 - // Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:

- B. Other than those procedures specified elsewhere in the supplement, the procedures for implementing denial of eligibility by reason of disposal of resources for less than fair market value are as follows:
 - 1. If the uncompensated value of the transfer is \$12,000 or less:

The entire sum must be expended on the divesting person's maintenance meeds and medical care or two years must have elapsed since the date of divest ment, whichever occurs first.

2. If the uncompensated value of the transfer is more than \$12,000:

The entire sum must be expended on the divesting person's maintenance needs and medical care since the date of divestment.

TN No Supersedes	Approval Date	e	Effecti	ve Date	1-1-84
TN No	HCFA-179 # 85-0	150 Date Rec'd	5/3/85	HCFA ID:	4093E/0002P
	Supercedes	Date Appr	6/25/85		

Revision: HCFA-AT-85-3 FEBRUARY 1985

(BERC)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A

Page 7

STATE	PLAN	UNDER	TITLE	XIX	OF	THE	SOCIAL	SECURITY	ACT
-------	------	-------	-------	-----	----	-----	--------	----------	-----

State: WISCONSIN

3. If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):

4. Other procedures:

TN No. _____ Approval Date _____ Effective Date _____ HCFA-179 # 85-0150 __Date Rec'd _____ HCFA ID: 4093E/0002P Supercedes _____ Date Appr. 6/25/85 State Rep. in _____ Date Appr. 10 1/84